



Report to the Legislature

**Foster Children - Long Term Needs
Kidscreen**

Chapter 255, Laws of 2001, Section 6
RCW 74.14A.050

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Department of Social & Health Services
Children's Administration
Division Program and Policy Development
PO Box 45710
Olympia, WA 98504-5710
(360) 902-7913
Fax: (206) 902-7903

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KIDSCREEN

EXECUTIVE SUMMARY

Chapter 255, Laws of 2001, codified in RCW 74.14A.050, requires the Department of Social and Health Services, Children's Administration (CA), to address the long term needs of children in foster care through the implementation of a standardized, validated approach to assessing children within the first 30 days of placement. This report is sixth in a series of reports to the legislature on the development and implementation of the assessment approach for evaluating children in our foster care system.

Prior reports to the legislature described the development of the *Kidscreen* assessment model beginning with the piloting phase in five CA offices and statewide implementation, beginning at the end of 2001. This report is comprised of several parts:

- *Kidscreen* model with five domains (Physical/medical, developmental, family/social, educational, and emotional/behavioral);
- Screening tools, operational design, and tracking system;
- Statewide implementation status and number of children screened;
- Data on screening results for 916 children through April 30, 2002;
- *Final Evaluation Report of Kidscreen Pilot Sites* from the Office of Children's Administration Research (OCAR); and
- Implementation of Case Review on early implementation, conducted in April 2002.

Highlights from statewide implementation status:

- From September 15, 2001, through April 31, 2002, 1,601 children have received screenings;
- There are approximately 34 trained specialists, comprising 25.25 FTEs, administering the screenings throughout the state, some of whom carry partial caseloads and/or have other related duties;
- Orientation continues for CA staff and community partners;
- The *Kidscreen* Case and Management Information System (CAMIS) Module is operational;
- Policies incorporating requirements for evaluating children within 30 days of placement have been developed; and
- The average time to completion of a Kidscreen has been reduced from 75 days to 43 days.

Major Descriptive Findings From CAMIS Kidscreen Module

Children's Administration staff entered *Kidscreen* results into the CA Case and Management Information System (CAMIS) module for 916 children through April 30, 2002. Complete screening data on those children are presented in the tables in Appendix A of this report. Below is a summary of the major descriptive findings.

- Physical Domain – 74% or 675 children had received the well-child Early Periodic Screening, Diagnosis, and Treatment (EPSDT) examination. An additional 119 were scheduled.
- Educational Domain – Information on 54% or 282 of 523 school-age children had been obtained. Additionally, information had been requested but not received on 169 children.
- Substance abuse by the child was reported for only 7% (65) of the children.
- Developmental Domain – Developmental assessments were completed on 97% of children ages 0 –60 months. Results for children 0 – 4 months indicate that 15% - 19% are below their appropriate developmental level. For children in the 4 – 60 month age group, the results indicate that 11% to 27% fall below the appropriate developmental level.
- Family/Social Domain – Approximately two-thirds of families had identified issues in the areas of substance abuse, mental health, recognition of problem/motivation to change, social support, economic resources, or family stress.
- Emotional/Behavioral Domain – 26% of children in the 1.5 to 5 year age range scored in the borderline or clinical range. For older children this percentage doubled, with 51% of children from age 6 to 18 scoring in the borderline or clinical range.

Implementation Issues

Hiring and delays in staff transitioning into Kidscreen specialist positions resulted in an initial backlog of cases for all regions to differing degrees. These backlogged cases were being actively addressed in all regions but contributed to some delays in completing the early screens within expected timeframes. All regions experienced difficulty in completing *Kidscreen* within the 30-day timeframe. Some of the difficulty was related to the initial backlog, and some

was related to the delay in obtaining requested information from others in the community such as medical records, school records, and information from family members.

Highlights from Final Evaluation Report of Kidscreen Pilot Sites from the Office of Children's Administration Research

The Office of Children's Administration Research conducted follow-up reviews on 156 pilot site children placed between February 1, 2001, and June 30, 2001. Reviews were completed on cases based on the time frame of six months post-*Kidscreen* assessment. These reviews were not qualitative, but were an attempt to determine whether CA staff used *Kidscreen* information in case planning and service delivery.

Key outcome findings from OCAR's final evaluation of *Kidscreen* pilot sites:

- One hundred fifty children (98%) had Individual Service and Safety Plans (ISSP) that reflected identified issues and suggested action plans identified in their *Kidscreen*;
- Nearly all (96%) of the children with action plans had services for the problem areas documented;
- Of those not receiving services for identified problem areas, all (100%) had documentation which indicated barriers to services or no resources available in the area;
- Return home was the identified permanent plan for 87% of the children, and just under half of them were in the same placement as when the *Kidscreen* was completed;
- Ninety percent (90%) of the children had issues in at least one of the *Kidscreen* domains;
- Overall, where *Kidscreen* identified areas of concern and needed services, documentation of action taken ranged from 69% for family/social issues to 95% for physical health needs.

The Office of Children's Administration Research conducted reviews of 148 case files from this group of pilot site children. The review's purpose was to do an informational assessment of documentation six months after the *Kidscreen* assessment.

Key observations from the physical review found that documentation ranged from 83% of the files having medical and education records to 93% of the files having documented concerns for the child in the ISSP.

The Office of Children's Administration Research completed a 12-month follow up review on permanency planning and placement status for children who had follow-up information reported in the second *Kidscreen* Evaluation Report. These were children who had been placed between November 2000 and January 2001. Seventy-four children placed during that period had *Kidscreen* completed in the pilot sites.

Key descriptive findings from the 12-month review are:

- Fifty-nine of the 74 children had return home as their permanent plan;
- Thirty-five children have returned home, 4 of whom have re-entered placement;
- Forty-two children have completed permanent plans, 32 have permanent plans still pending;
- Three children were adopted, and nine were placed in relative care;
- Three children reached the age of majority and have independent living status; and
- Twenty-six children are currently in foster care, including the four who re-entered care.

The Office of Children's Administration Research's report concluded that the pilot sites were successful in implementing the assessment process. The sites were less successful in integrating the *Kidscreen* results in the actual case planning and services delivered to the child. The review also indicated improvement in addressing all identified areas of concern in both the case planning and documentation process. The 12-month review of permanency planning and placement for these children indicated that almost 60% had reunification as their permanent plan. An equal number actually returned home within the 12-month timeframe. Although other types of permanent plans were also completed, it was too early in the assessment process to say what part the *Kidscreen* assessment played in the completion of timely permanent plans.

The Office of Children's Administration Research recommended that CA:

- Continue with training to case carrying social work staff on the use of *Kidscreen* results in the child's case plan;
- Complete a qualitative review on the link between the *Kidscreen* process and case plans on a sample of cases from the early phase of statewide implementation; and
- Conduct ongoing reviews to determine if results from *Kidscreen* assist CA in matching the child with an appropriate caregiver and expediting timely permanent plans.

Highlights from the Kidscreen Implementation Case Review

In April 2002, CA conducted a qualitative case review of 102 randomly selected cases completed from September 15 - November 15, 2001. The primary purpose of this review was to examine the early implementation of *Kidscreen* and identify areas of strength and areas for improvement. The following are highlights from the report:

- Seventeen cases from each region were reviewed;
- All regions experienced difficulty in completing *Kidscreen* within the 30-day timeframe – averaging 75 days for completion during the early phase of implementation. Since January 2002, the timeframe has averaged 43 days;
- Most regions identified a need for additional training to social work staff ;
- For the Physical Domain, the Well-Child (EPSDT) exam was completed 80% of the time;
- Across all domains, the assessment tools were fully or partially completed 89% of the time;
- Across all domains, on average, the child's needs were clearly or partially described 81% of the time;
- Across all domains, action plans that partially or fully met the child's identified needs were developed 71% of the time;
- Across all domains, the *Kidscreen* Action Plans were partially or fully incorporated into the child's case plan in the ISSP 47% of the time;
- Across all domains, there was no documentation that steps were taken to initiate the *Kidscreen* action plan 54% of the time;
- Seventy-six children, or three-fourths of the sample reviewed, remained in the same placement as when the *Kidscreen* staffing occurred.
- *Kidscreen* information was not entered into the child's Health and Education Passport in 70% of the cases reviewed.

The strengths identified are:

- All CA regions have hired and trained *Kidscreen* specialist staff;
- Assessment tools are being completed across all domains 89% of the time;
- Regions are reducing their backlog of cases requiring *Kidscreen*; and
- Staffings are occurring and action plans are being developed in 71% of the cases reviewed.

The areas needing improvement include:

- Completing the screens within 30 days of the child's placement;
- Incorporating the *Kidscreen* Action Plans into the ISSP case plan for the child;
- Improving the clarity and specificity in the *Kidscreen* Results – Staffing and Action Plans;
- Improving supervision and quality control for the specialists; and
- Documenting that the child's and family's needs are being addressed.

PART I. *KIDSCREEN*

This report is provided to the Washington State Legislature as required under RCW 74.14A.050.

INTRODUCTION

Chapter 232, Laws of 2000, required that the Department of Social and Health Services, Children's Administration (CA), implement a standardized, validated approach to assessing children in foster care within the first 30 days of placement. The purpose of the assessment is to:

- assist in providing appropriate services to children;
- identify children who are likely to need long-term care and assistance;
- assist in matching the child with an appropriate caregiver early in placement; and
- assist in achieving the child's permanent plan in a timely manner.

Chapter 255, Laws of 2001, codified in RCW 74.14A.050, authorized the department to pilot the assessment process in selected CA offices throughout the state. The pilot occurred in five offices (Spokane, Seattle South, Omak, Bellingham, and Aberdeen) from November 2000 to June 31, 2001. The purpose was to test, analyze, and select standardized child assessment tools that would then be implemented statewide by December 31, 2001. Implementation was to be completed within current funding levels.

The outcome of the *Kidscreen* pilot led to the development of the final assessment model and to selection of the standardized, validated assessment instruments required in statute.

THE CURRENT *KIDSCREEN* REPORT

This is the sixth report in the series of *Kidscreen* reports. This report reviews the status of *Kidscreen* nine months into statewide implementation. This includes:

- Implementation status in the regions;
- Aggregate data from the regions on the number of children screened;
- Data on screening results for 916 children through April 30, 2002;

- Children's Administration policy changes resulting from *Kidscreen*; and
- Next steps and on-going issues.

The CA Quality Improvement Section reviewed 102 randomly selected cases from the early phase of statewide implementation (September 15 - November 15, 2001). The *Kidscreen* Implementation Case Review is included as part of this report.

A Final Evaluation Report on the *Kidscreen* pilots from the Office of Children's Administration Research (OCAR) is also included with this report.

THE KIDSCREEN MODEL AND THE SCREENING TOOLS

MODEL DESIGN

Kidscreen assesses the functioning of all children age birth to eighteen within the first thirty days in foster placement. Screening is done in five life domains:

- physical
- developmental
- family/social
- educational
- emotional/behavioral

The physical domain is assessed using the Medicaid Well-Child Early Periodic Screening, Diagnosis, and Treatment (EPSDT) examination conducted by qualified medical practitioners. Information from the EPSDT alerts the *Kidscreen* specialist to any concerns found in the examination.

The developmental domain is assessed using one of two standardized tests for young children. The Denver II Developmental Screen is used with infants from birth to four months of age. It screens infants in four areas: gross motor, language, fine motor-adaptive, and personal-social. The Denver Scale is used to determine whether a child's development falls into the normal range for the child's age.

The Ages and Stages Questionnaire is used for children from four months to five years of age. This instrument is comprised of a system of 19 separate questionnaires broken out by age of the child. The Ages and Stages Questionnaire s used to identify young children who are in need of further evaluation. It screens children in five areas: communication, gross motor, fine

motor, problem solving, and personal-social. It is useful for early identification of children whose developmental trajectory is delayed or atypical, thus allowing for timely action to remediate developmental problems.

Standardized developmental assessment tools are not utilized by *Kidscreen* for school-age children. Developmental issues related to school-age children are identified and documented through school information and the Achenbach CBCL assessment tool.

The family and social domain is assessed using a form developed by CA for use specifically with *Kidscreen*. The form integrates family social and risk issues to be assessed across all CA programs (Child Protective Services, Child Welfare Services, and Family Reconciliation Services).

The educational domain is assessed using school reports, Individual Education Plans (IEP), and other information on the child's educational history and functioning.

The emotional/behavioral domain is assessed using the standardized Achenbach Child Behavior Checklist (CBCL). This instrument was selected because it is designed to provide a comprehensive approach to assessing a child's functioning. It records both the child's competencies as well as problems, as reported by parents, teacher, and sometimes by children themselves. It is designed to provide standardized descriptions of behavior rather than diagnostic inferences. Another valuable feature of this instrument is that it can be used with children from 18 months to 18 years of age.

OPERATIONAL PROTOCOL

Kidscreen "specialists" are staff designated in each CA region to conduct *Kidscreen* assessments on all eligible foster children. The specialists are experienced social workers who have been trained and qualified to administer, score, and interpret the standardized test instruments.

Children are referred to the *Kidscreen* specialist. The specialist completes the assessment instruments, collaborates with the child's assigned social worker to refer the child for a well-child (EPSDT) exam, and gathers educational, family/social, and other pertinent information on the child's functioning.

The completed *Kidscreen* Evaluation Results assessment is staffed with the child's social worker and other appropriate individuals. Foster parents and relative caregivers are encouraged to attend the *Kidscreen* staffing. Identified

needs of the child are discussed, and an action plan is developed to address each of those needs. The resulting plan is documented in the child's Individual Service and Safety Plan (ISSP), required for every child in care by 60 days of placement. Non-medical *Kidscreen* information is also documented in the child's Passport, the document that compiles medical and educational information for case planning.

TRACKING SYSTEMS, DATA COLLECTION, AND REPORTING

There are four sources through which children requiring a *Kidscreen* are referred:

- *Kidscreen* referral form completed by the child's social worker;
- Referral from the financial IV-E federal specialist when reviewing a placement case;
- Referral from the social work supervisor;
- Referral from clerical support staff when creating a placement case file.

The Office of Children's Administration Research sends monthly logs of all children placed to each *Kidscreen* Coordinator. These logs are based on placement dates entered in the CA Case and Management Information System (CAMIS). Using this log, *Kidscreen* Coordinators work with the specialists in their respective regions to ensure that screens have been completed for all children identified as continuing in placement beyond 30 days. In addition, the *Kidscreen* specialists regularly review the CAMIS list of children by placement date and match these against children referred.

A *Kidscreen* CAMIS module became available statewide in February 2002, providing a database to record *Kidscreen* information. This allows for collection and reporting of aggregate data on *Kidscreen* findings, identified service needs, and case planning at the time of the *Kidscreen* completion and staffing.

STATEWIDE IMPLEMENTATION STATUS

Children's Administration is now in the ninth month of statewide implementation for *Kidscreen*. All children placed after September 15, 2001, and remaining in care beyond 30 days, receive a *Kidscreen* assessment.

Children Screened after September 15, 2001

As a result of implementation efforts, the following aggregate data were collected for each region regarding the regions' compliance with screenings. A screening is considered in process when one or more tools have been administered, but not all tools in each domain have been administered and scored. A completed *Kidscreen* includes a staffing where the specialist provides the *Kidscreen* Evaluation Results to the social worker and others present. Action Plans are then developed from these findings for inclusion in the child's ISSP.

The numbers in this table are from September 15, 2001 through April 30, 2002, only.

Region	Number Placed	Number Need Screening	Number Screenings in Process	Number Screenings Completed	Returned home before screening completed
1	717	404	194	196	1
2	555	312	70	240	2
3	578	441	271	166	4
4	919	414	15	384	14
5	884	360	100	261	4
6	1,085	554	176	354	21
Total	4,738	2,485	826	1,601	58

Of the total number of children placed, approximately 48% (2,253) did not require a *Kidscreen*. These were children who returned home prior to 30 days in placement. Of those children remaining in care and requiring a *Kidscreen*, 64% (1,601) have been completed, 33% (826) are in the process of being completed, and approximately 2% (58) of those children returned home before a *Kidscreen* could be completed.

The department is striving for full compliance with legislation requiring that screenings be completed in 30 days. As *Kidscreen* specialists improve their skills, CA is increasing the number of screenings completed prior to 30 days. This screening is an important service to the child, and CA wants to maintain a high degree of accuracy and quality in the program.

Kidscreen Specialists

There are currently 34 *Kidscreen* specialists, comprising 25.25 FTEs, throughout the state.

- Each specialist is assigned to one or more offices;
- Specialists vary in the range of their assigned duties, with several of them carrying partial caseloads or serving as placement coordinators;

- All specialists have been trained to administer, score, and interpret the standardized tools; and
- Each region has a *Kidscreen* Coordinator who provides direction to the specialists, and is a direct link to the CA Program Manager.

Orientation of Staff, Foster Parents, and Community Partners

Training and/or orientation for supervisors and social workers is ongoing in CA field offices. One region reported 25 training sessions had occurred to date. Another region paired mandatory *Kidscreen* training for its staff with training on early brain development.

Children's Administration distributed the *Kidscreen Guide for Social Workers* to all staff. The guidebook provides guidance for both social workers and specialists in their complementary roles.

Foster Parent orientation has occurred at various events. Information has also been distributed through Foster Parent newsletters. The CA Division of Licensed Resources (DLR) provides new foster parents with *Kidscreen* information during pre-service training. CA developed brochures for use with birth parents, relative caregivers, and foster parents.

- Community partners such as schools, county health departments, court staff, guardian ad litem (GAL), and other providers receive information about *Kidscreen* at events, meetings, or as individual opportunities arise;
- One region has placed *Kidscreen* information on its regional web site; and
- Another region gives a *Kidscreen* brochure to the parents whenever children are placed.

The increasing familiarity with *Kidscreen* serves to alert individuals involved with the child that there is a formal process that focuses on the child's needs.

Staffing and Case Planning

When all of the appropriate tools have been administered, scored, and interpreted, and most or all of the relevant information about a child has been received, a staffing is held. Participants in the staffing develop action plans for meeting identified needs. Because the staffing must be held at 30 days, methods are being explored to incorporate *Kidscreen* staffings into other staffings already occurring.

Supervisors provide oversight to ensure that information from the *Kidscreen* Results – Staffing and Action Plans is included in the child's ISSP. Action Plans

developed at the *Kidscreen* staffing are the responsibility of the child's assigned social worker for follow-up. This activity needs continuous quality review.

Data Collection

Regions have developed methods of tracking *Kidscreen* activities and timelines to assist them in complying with the 30-day timeframe, using the OCAR monthly child placement log and other tools.

Once the *Kidscreen* is completed and the staffing has occurred, information is entered in the CAMIS *Kidscreen* Module. The specialists enter pertinent information and indicate whether the case plan addressed identified needs of the child at the time of the *Kidscreen* staffing.

Work is currently underway to develop and produce ongoing reports from this module. These reports will serve CA field staff and management in tracking needs children and will assist CA in identifying areas of compliance and areas needing more energy and resources. Modifications are also underway to improve the data collected by the CAMIS module.

MAJOR DESCRIPTIVE FINDINGS FROM CAMIS *KIDSCREEN* MODULE

Children's Administration staff entered *Kidscreen* results into the CAMIS module on 916 children through April 30, 2002. Complete screening data on those children are presented in the tables in Appendix A of this report. Below is a summary of the major descriptive findings.

- Physical Domain – 74% or 675 children had received the well-child Early Periodic Screening, Diagnosis, and Treatment (EPSDT) examination. An additional 119 were scheduled.
- Educational Domain – Information on 54% or 282 of 523 school-age children had been obtained. Additionally, information had been requested but not received on 169 children.
- Substance abuse by the child was reported for 7% (65) children
- Developmental Domain – Developmental assessments were completed on 97% of children ages 0 –60 months. Results for children 0 – 4 months indicate that 15% - 19% are below their appropriate developmental level. For

children in the 4 – 60 month age group, the results indicate that 11% to 27% fall below the appropriate developmental level.

- Family/Social Domain – Approximately two-thirds of families had identified issues in the areas of substance abuse, mental health, recognition of problem/motivation to change, social support, economic resources, or family stress.
- Emotional/Behavioral Domain – 26% of children in the 1.5 to 5 year age range scored in the borderline or clinical range. For older children, this percentage doubled with 51% of children from age 6 to 18 scoring in the borderline or clinical range.

EFFECT ON CHILDREN'S ADMINISTRATION POLICIES

Department policies have been developed to ensure children entering care and remaining beyond 30 days are screened for multiple needs. Changes to policies and procedures have been provided to CA supervisors and social work staff through the *Kidscreen Guide for Social Workers* and through regional orientation.

A protocol for the *Kidscreen* process was developed with input from management and regional staff. The protocol serves as an outline of the screening process and serves as a guide for staff having responsibility for oversight in the regions.

The CA *Case Services Policy Manual* and *Practices and Procedures Guide* have been revised to incorporate the requirement for evaluating children in care and for including screening results into the child's case plan. Revisions focus attention on identifying the child's needs early in placement so that services can begin sooner. Emphasis is being placed on incorporating information from the *Kidscreen* Results – Staffing and Action Plans into the ISSP for the child, sharing results with birth parents and caregivers, and following through with Action Plans developed at the *Kidscreen* Staffing.

The screening process has also served to reinforce these existing policies:

- Children entering care must receive Well-Child/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) examinations within 30 days of placement; and
- Documentation of placement episode must be entered in CAMIS within five days of the child's placement.

PART II. FINAL EVALUATION REPORT - KIDSCREEN PILOT SITES

UTILIZATION OF *KIDSCREEN* INFORMATION IN CASE PLANNING

In a continuing effort to determine whether CA social workers use the information from the *Kidscreen* pilots in case planning and service delivery, the Office of Children's Administration Research (OCAR) reviewed the case records of children involved in the *Kidscreen* pilot.

A total of 156 pilot site children (Table 1) who entered care between February 1, 2001, and June 30, 2001, received *Kidscreen* Assessments. OCAR completed follow-up reviews on those cases based on the timeframe of six months post-assessment. The review looked at whether issues of concern or problem areas identified in the initial *Kidscreen* were addressed in a written action plan and whether services were arranged for the child as a result of the plan. The review was not qualitative in that a determination of the appropriateness or timeliness of the plan was not made. The review also noted whether there was documentation in the hard copy case file, but again did not measure the quality of the documentation.

Table 1
Distribution of *Kidscreen* and Follow-up Reviews
for Children Placed 02/01 – 06/01 (N=156)

PILOT SITE	<i>KIDSCREEN</i> COMPLETED	FOLLOW-UP COMPLETED
Seattle	56	56
Bellingham	18	18
Omak	16	16
Olympia	38	38
Aberdeen	28	28
Total	156	156

Key outcome findings from the third *Kidscreen* evaluation are:

- Of the 156 children who had a completed follow-up review, 153 children (98%) had areas of concern or problem areas identified during the initial *Kidscreen*.

- 98%, or 150 children, had Individual Service and Safety Plans (ISSP) that reflected identified issues and suggested action plans identified in the *Kidscreen*.
- Nearly all (96%) of the children with identified action plans had documentation of services for the targeted problem areas.
- Of those not receiving services for identified action plans, 100% indicated barriers to receiving services, such as child caregiver or biological parent uncooperative with service plan or services not available in the area.
- Slightly under half of the children identified in the follow-up review were in the same placement as when the initial *Kidscreen* Assessment was completed.
- Return home was the identified permanent plan for 87% of the children.

Table 2
Issues Identified by *Kidscreen* (N=156)

DOMAIN	%
Physical Health	70%
Educational Needs	34%
Developmental	24%
Life Events	78%
Family/Social	74%
Emotional/Behavioral	47%

The identified issues or areas of concern varied across the six *Kidscreen* domains. (Table 2). The low percent of children with issues identified in the developmental domain is directly related to the small number of children assessed (due to their age of 4 months to 5 years). Ninety percent of the children had issues in at least one of the other *Kidscreen* domains. These issues ranged from needing a dental exam to possibly needing an in-patient psychiatric placement.

Table 3
Information in Case Record Showing
Action Taken on *Kidscreen* Issue

DOMAIN	NUMBER	% WITH ACTION TAKEN
Physical Health	104	95%
Educational Needs	49	93%
Developmental	36	95%
Life Events	105	87%
Family/Social	80	69%
Emotional/Behavioral	69	93%

Of those children where *Kidscreen* assessments identified areas of concern and needed services, examples of actions taken range from tutoring, to stable foster care placement, to complete psychological exam.

INFORMATIONAL ASSESSMENT OF DOCUMENTATION

To further review the integration and usability of *Kidscreen*, OCAR completed an informational assessment on the entire case file during the 6-month follow-up review for of 148 case records. Eight files were not reviewed for this information due to travel restrictions or the cases being transferred to new offices.

Key observations on the case file documentation during the 6-month follow-up are:

- 87% of the files had a *Kidscreen* Face Sheet/Check List in the file.
- 96% of the files had noted concerns for the parent(s) in the ISSP.
- 93% of the files had documented concerns for the child in the ISSP.
- 95% of the files had the current status of the parent(s) noted in the ISSP.
- 93% of the files had the current status of the child noted in the ISSP.
- 86% of the files had documentation of concerns throughout the files, including but not limited to the Service Episode Records (SER), staffings, social worker and/or law enforcement reports.
- 83% of the files had medical records.
- For the school-aged children, 83% of the files had educational records.

TWELVE MONTH REVIEW OF PERMANENCY PLANNING AND PLACEMENT STATUS

The Office of Children's Administration Research also completed a 12-month follow-up review on permanency planning and placement status for children who had follow-up information reported in the second *Kidscreen* evaluation report (placed between November 2000 and January 2001). There were a total of 74 children placed during this timeframe who were eligible for and received *Kidscreen* assessments in the six pilot sites.

Key descriptive findings from the 12-month review are:

- Return home was the permanency plan for 80% of the children (59 children).
- Forty-two children (57%) have accomplished their permanent plan; 32 children (43%) have permanency plans still pending.

- Thirty-five children were returned home, of whom only four children have re-entered placement (11% re-entry rate).
- Three children were adopted, and nine children were placed in relative care.
- Three children reached the legal age of 18 and have established independent living status.
- Twenty-six children currently reside in foster care, including the four who re-entered care after reunification.
- Of the remaining children, one child is “on the run” and another is in third party custody.

CONCLUSION AND RECOMMENDATIONS

The initial evaluation of the *Kidscreen* pilot sites indicated that the sites were quite successful in implementing the assessment process. The evaluation found the sites to be less successful in documenting the integration of the results from the *Kidscreen* in the actual case planning and service delivery for the child. The final follow-up review of the pilot site cases indicates an improvement in addressing all identified areas of concern in the case planning and documentation process. This improvement may be a result of the orientation training that was provided to all social workers as a part of the statewide implementation of *Kidscreen*. However, this review did not include qualitative measures of the appropriateness of the identified plan nor of the engagement of the child and family in the service delivery process.

The 12-month permanency planning and placement review of *Kidscreen* pilot site children showed that almost 60% of the children whose plan was reunification were actually returned home in that timeframe. While additional permanent plans of adoption, emancipation, and relative placement were also accomplished, it is too early to determine what part the *Kidscreen* assessment played in that process.

The Office of Children’s Administration Research has recommended that CA:

- Continue providing training to the case-carrying social work staff on the utilization of the results from the *Kidscreen* in the child’s case plan.
- Complete a qualitative review on a sample of cases from the first few months of statewide implementation for the appropriateness and timeliness of case plans developed as a result of the *Kidscreen* process.
- Conduct ongoing reviews to determine whether the results of the *Kidscreen* assisted CA in matching the child with an appropriate caregiver and achieving the permanent plan in a timely manner.

PART III. *KIDSCREEN* IMPLEMENTATION CASE REVIEW

PURPOSE OF CASE REVIEW OF *KIDSCREEN* IMPLEMENTATION

Children's Administration's (CA) Quality Improvement Section conducted a statewide review of *Kidscreen* cases in April 2002 to examine the early implementation of the *Kidscreen* process and identify successes, systemic issues, and areas where further development is needed.

The key purposes of this review were to:

- Examine the early, statewide implementation of *Kidscreen*;
- Examine the entire process from case identification, assessment and case planning, to implementation of services;
- Identify strong social work practice that is occurring in each region;
- Identify practice areas that need improvement including systemic barriers related to *Kidscreen* implementation.

METHODOLOGY FOR CASE REVIEW

Staff from the CA Quality Improvement Section - Case Review Unit reviewed 17 completed *Kidscreen* cases in each region, for a total of 102 cases statewide. Cases were read during April 2002, on-site in each region. The cases were randomly selected from children placed in out-of-home care between September 15, 2001, and November 15, 2001, who had a *Kidscreen* Staffing and Action Plan completed by February 28, 2002. The sample represented 32% of the completed *Kidscreen* cases statewide that met the selection criteria (318 total cases statewide). This early implementation timeframe was selected to allow review of the entire process from identification of the case through the first Individual Service and Safety Plan (ISSP).

The findings of this review are based primarily on the case review data - paper file and the electronic file the Case and Management Information System (CAMIS). Interviews with the *Kidscreen* Regional Coordinators also contributed information related to implementation actions and regional processes.

STATEWIDE IMPLEMENTATION PROGRESS

The regions report several barriers to full implementation of *Kidscreen*. Five of the six regions had hiring issues or had staff transitioning from other positions for several weeks and were not fully staffed by September. This resulted in an initial backlog of cases for all regions to differing degrees. These backlogged cases were being actively addressed in all regions but contributed to some delays in completing the early screens within expected timeframes. All regions experienced difficulty in completing *Kidscreen* within the 30-day timeframe. Some of the difficulty was related to the initial backlog, and some was related to the delay in obtaining requested information from others in the community such as medical records, school records, and information from family members.

Four training sessions were provided to the identified *Kidscreen* Specialists by the CA Office of Staff Development and Training. Training covered the specialist responsibilities in all domains, introduction to the three standardized tools, including hands-on application with an infant, demonstration of computer software for scoring the Achenbach tool (emotional/behavioral domain), and how to complete the *Kidscreen* staffing and report. In late February, CA provided one enhanced training that focused on the use of the Achenbach tool, how to participate in staffings, and how to prepare action plans. Most regions indicated a need for additional training for the specialists in both the process and the development of action plans.

The regions provided training for social work staff in their responsibilities related to *Kidscreen*. Further training was identified as an immediate need in most regions for social work staff, who play a crucial role in jointly developing the child's action plan with the *Kidscreen* specialist and others in a staffing.

A barrier identified early in the start up was the delay in receiving software that worked correctly for scoring the Achenbach tool. This caused delays in completing *Kidscreens* in several regions. This was fully corrected early in the implementation phase. At the time of this review, regions were fully staffed, assessment materials and scoring processes were in place and working correctly, and staffings were proceeding.

STATEWIDE FINDINGS ON *KIDSCREEN* IMPLEMENTATION

Kidscreen Staffing Timeframes and Participation

The case review examined the timeframes for completion of the Kidscreen Action Plan and Staffing Report as well as who attended the Kidscreen staffing and who received the results.

Region	Average Days to Kidscreen Completion	Number of Cases
1	85	17
2	63	17
3	82	17
4	66	17
5	68	17
6	83	17
Statewide	75	102

- **Statewide, the average number of days from the date of placement to the completion of the *Kidscreen* staffing was 75 days during the early implementation phase.**

The requirement to complete the assessments and staffing within 30 days from the date of placement was met 12% of the time. This was consistent with the OCAR evaluations of the pilot sites that indicated that the regions had difficulty completing *Kidscreen* within the 30-day timeframe. For three-fourths of the cases, the staffing took longer than 45 days to complete. Some of this delay can be attributed to the early backlogs and some may be due to delays in receiving requested information from the community.

- **Attendance at the *Kidscreen* staffing could not be determined 39% of the time. In cases that were documented, the most frequent attendees were social workers (84% of the time), supervisors (24%), and other professionals (23%).**

Required attendance at the staffing includes the social worker, the *Kidscreen* specialist, and others as appropriate. Inconsistency in documentation and limitations in the CAMIS module resulted in a limited ability to determine in all cases who participated in the *Kidscreen* staffing.

- **In 70% of the cases, it was not possible to determine who, outside of CA, received the *Kidscreen* results.**

Kidscreen procedures require that the parent, foster parent/caregiver, and youth over age 12 receive the staffing action plan results. Other relevant service providers may receive a copy as appropriate. There was no standardized way to document distribution of the *Kidscreen* Report. Two regions had developed processes to share the information and had the highest rates of sharing the results (76% of the cases in Region 3 and 65% in Region 4).

Kidscreen Reports often contain significant information regarding the parents and other family members of the child. The regions are resolving confidentiality issues related to how much information can be shared with others involved in implementing the case plan for the child.

Use of Screening Tools by the *Kidscreen* Specialists

The review examined the completion of the screening tools used by the Kidscreen specialists in each of the five life domains for correctness of the tool used and completeness on the Kidscreen report.

Life Domain	Met	Partially Met	Not Met	N/A
1. The EPSDT exam was completed	80% (81)	7%(7)	13% (13)	1
2. A developmental screening was completed (children under 5 years old)	93% (54)	2%(1)	5%(3)	44
3. Complete family/social information was obtained	54% (55)	39%(39)	7%(7)	1
4. School records were obtained	42% (25)	33%(20)	25%(15)	42
5. Emotional/behavioral information was obtained with Achenbach Behavior checklist	91% (61)	5%(3)	4%(3)	35

- **Averaged over all domains, the assessment tools were fully or partially completed and documented on the *Kidscreen* report 89% of the time.**

The *Kidscreen* specialists achieved the highest rates of full compliance in the physical health (80%), developmental (93%), and emotional/behavioral (91%) domains. The correct tools were applied and analyzed, and the results were clearly recorded in the *Kidscreen* report.

School records were difficult to obtain quickly. In 33% of the cases they were requested but not received in time for the staffing. The large number of “partially met” cases (39%) for the family/social domain resulted from the specialist primarily addressing the needs of the family instead of the needs of the child. Another element contributing to this low percent was missing items, including the required “Preliminary Identification of Issues” form.

Quality of Staffing Reports: Needs Identification and Action Steps

The review examined the Kidscreen staffing report to determine if the child’s needs were clearly identified and that an action plan was jointly developed by the social worker and Kidscreen specialist to meet the child’s needs in all domains.

Identification of Child’s Needs	Met	Partially Met	Not Met	N/A
1. Child’s physical needs are clearly described	60% (60)	22% (22)	18% (18)	2
2. Child’s developmental needs are clearly described	79% (46)	16% (9)	5% (3)	44
3. Child’s family/social needs are clearly described	30% (30)	47%(48)	23% (23)	1
4. Child’s educational needs are clearly described	36% (17)	31%(15)	33% (16)	54
5. Child’s emotional/behavioral needs are clearly described	59%(39)	24%(16)	17% (11)	36

- **On average, in all domains, the child’s needs were clearly described or partially described in the staffing report in 81% of the cases.**

Areas with the highest level of completion, where the *Kidscreen* specialists fully described the child’s identified needs, were in the developmental (79%), physical health (60%), and emotional/behavioral (59%) domains. Cases where some but not all of the child’s needs were described, or described in general, were rated as “partially met.”

The family and educational domains had the lowest rates of completion with ratings of “not met” 23% and 33% of the time, respectively. The family domain often focused on the family rather than the child’s needs; the educational domain was either blank or unclear.

Development of Action Plan	Met	Partially Met	Not Met	N/A
1. Action plan describes steps to be completed to meet child's physical needs	40% (39)	34% (33)	26% (26)	4
2. Action plan describes steps to be completed to meet child's developmental needs	48% (29)	31% (19)	21% (13)	41
3. Action plan describes steps to be completed to meet the child's family/social needs	16% (16)	52% (53)	32% (32)	1
4. Action plan describes steps to be completed to meet the child's educational needs	18% (9)	52% (26)	30% (15)	52
5. Action plan describes steps to be completed to meet the child's emotional/behavioral needs	38% (25)	30% (20)	32% (21)	36
6. It is clear who has responsibility for the actions described in the action plan.	17% (17)	21% (22)	62% (63)	0
7. There are clear timeframes for the actions described in the action plan.	2%(2)	10%(10)	88% (90)	0

- **Averaged over all domains, an action plan was developed that met or partially met the child's needs identified by *Kidscreen* 71% of the time.**

The physical, developmental, and emotional/behavioral domains were the most complete and clear. However the level of fully "met" drops considerably in every domain compared to the earlier measures, and the rate of "not met" increased to almost one third over all domains. Action plans often needed more specificity.

If the action plan addressed some but not all of the child's needs, or if the plan was brief or general, it was rated as "partially met." Cases where there was no action plan or the plan did not address the child's needs were rated as "not met."

- **Action plans seldom included who had responsibility for the action and what the timeframes were related to the action plan.**

It was not clear who had responsibility for the action plan steps in 62% of the cases, and there were no clear timeframes to initiate or complete an action 88% of the time.

Social Workers' Use Of Kidscreen Information To Provide Child Specific Services

The review examined whether the action plan was incorporated into the ISSP, and if there was documentation in the file that steps were taken to initiate or implement the Kidscreen action plan.

<i>Kidscreen Case Planning in the ISSP</i>	Met	Partially Met	Not Met	N/A
1. The ISSP incorporates into the case plan the <i>Kidscreen</i> action plan to meet the child's physical needs	32%(19)	22%(13)	46%(28)	42
2. The ISSP incorporates into the case plan the <i>Kidscreen</i> action plan to meet the child's developmental needs.	24%(11)	13%(6)	63%(29)	56
3. The ISSP incorporates into the case plan the <i>Kidscreen</i> action plan to meet the child's family/social needs.	21%(13)	28%(17)	51%(31)	41
4. The ISSP incorporates into the case plan the <i>Kidscreen</i> action plan to meet the child's educational needs.	23%(8)	18%(6)	59%(20)	64
5. The ISSP incorporates into the case plan the <i>Kidscreen</i> action plan to meet the child's emotional/behavioral needs.	28%(12)	21%(9)	51%(22)	59

- **Averaged over all domains, the *Kidscreen* Action Plan was incorporated or partially incorporated into the ISSP case plan less than half (47%) the time.**

The ISSP fully included the actions or services identified in the *Kidscreen* action plan in a quarter of all cases. Action plan items were not included in the ISSP and rated as "not met" over half the time. There is a higher number of cases that were rated N/A in this section because cases that were not met in the previous category, Development of Action Plan, were rated "N/A" in this section.

Implementation of <i>Kidscreen</i> Action Plan	Met	Partially Met	Not Met	N/A
1. 60 days after the <i>Kidscreen</i> staffing, action plan steps have been initiated to meet child's physical needs	37% (29)	10% (8)	53% (41)	24
2. 60 days after the <i>Kidscreen</i> staffing, action plan steps have been initiated to meet the child's developmental needs.	37% (21)	10% (6)	53% (41)	45
3. 60 days after the <i>Kidscreen</i> staffing,	26%	28%	46%	

Implementation of <i>Kidscreen</i> Action Plan	Met	Partially Met	Not Met	N/A
action plan steps have been initiated to meet the child's family/social needs.	(21)	(23)	(37)	21
4. 60 days after the <i>Kidscreen</i> staffing, action plan steps have been initiated to meet the child's educational needs.	19% (8)	7% (3)	74% (32)	59
5. 60 days after the <i>Kidscreen</i> staffing, action plan steps have been initiated to meet the child's emotional/behavioral needs.	32% (17)	11% (6)	57% (30)	49

- In over half the cases (54%), averaged for all domains, there was no documentation that steps had occurred to initiate the *Kidscreen* action plan items/services for the child. The 60-day timeframe is not a CA policy requirement. It was used in this review as a reasonable milestone to determine whether activities had begun to implement the *Kidscreen* action plan for the child. The case file and CAMIS were reviewed to determine if steps had been initiated to meet the identified needs in the action plan.

The two strongest areas for this measure were the action steps to meet the child's physical and developmental needs, which were both at 37% for full compliance. The area showing the lowest documentation of action steps was meeting the child's educational needs. If an action plan was not developed, this was rated as N/A. If there was an action plan but no documentation that implementation steps had begun, the case was rated as "not met."

The *Kidscreen* review was interested in knowing if a region had difficulty implementing action plans to meet the children's needs due to a lack of resources. For all regions, there was no indication in the records that a lack of resources presented as a problem in any of the domains.

Use of the *Kidscreen* Information in the Child's Placement

The review attempted to answer the following questions:

- *If the child remained in the same placement, were there supports in place to meet the child's identified needs?*
- *Was a new placement arranged to further meet the needs of the child?*
- *If an unplanned change of placement occurred, were there supports in place to meet the needs of the child in the new placement?*
- **Three-fourths of the children remained in the same placement as when the *Kidscreen* staffing was completed (76 children). In these cases, the**

reviewers were unable to determine whether there were services or supports in place to assist the caregiver(s) to meet the child's needs as identified by *Kidscreen*.

There was no clear way in the case documentation to directly link the *Kidscreen* plan with the placement activities.

- **Of the 26 children (25%) who had changed placements, a third returned home. For those remaining in placement, the reviewers were unable to determine whether there were services or supports in place to meet the needs identified in *Kidscreen*.**

This may be a lack of documentation of the services and supports put in place or a reflection of those services not being in place.

Entry of Non-medical Information into the Child's Passport

The review examined whether Kidscreen specialists entered information into the Passport CAMIS module in the non-medical portions that relate to Kidscreen activities.

- **In 70% of the cases, the *Kidscreen* information was not entered into the Passport module.**

Two regions had initiated this activity in a significant number of cases. Region 2 had entered the *Kidscreen* data into Passport 82% of the time, and Region 3 had entered it in 53%. Other regions had not begun this process.

SUMMARY OF KEY STRENGTHS AND AREAS NEEDING IMPROVEMENT

Strengths in the Implementation of *Kidscreen*

- All regions have hired their *Kidscreen* specialist staff, and specialists have received training provided by the CA Office of Staff Development and Training.
- The *Kidscreen* assessment tools are being completed across all domains 89% of the time. In these cases, specialists are accurately applying the tools and clearly describing the results of the assessments on the *Kidscreen* report.

- Regions are successfully reducing the backlog of cases.
- *Kidscreen* staffings are occurring and action plans were either fully developed or partially developed in 71% of the cases reviewed.

Areas Needing Improvement in the Implementation of *Kidscreen*

- The content of the staffing reports, both the child's needs and the action plan to meet those needs, were often brief and worded in general terms making them difficult to incorporate into case planning. Action plans seldom specified who was responsible for the action and what were the timeframes to initiate or complete the action.
- The requirement to complete the *Kidscreen* within 30 days of the date of the child's placement was achieved 12% of the time. Some of the delay can be attributed to the early backlog, and some may be due to delays in receiving requested information from others in the community, such as medical and school records. Currently there are attempts to move to compliance with this requirement by reducing the backlog of cases.
- *Kidscreen* action plans developed to meet the child's needs were not incorporated into the ISSP by the social worker 54% of the time. Some action plans appeared to have been written by specialists rather than in a staffing discussion with the social worker.
- *Kidscreen* specialists are being supervised in a variety of ways. The *Kidscreen* assessment and staffing reports require further supervisory review for quality and completeness.

Statewide Issues that Need to be Addressed

- In the family/social domain, focusing on the identified needs of the child rather than the needs of the family is needed.
- Resolution on how specialists address and incorporate into the action plan child issues/concerns that are identified in the case record, but are not identified by the *Kidscreen* assessment tool is needed. Currently there is inconsistent practice whether these issues are included or left out of the *Kidscreen* Evaluation.

- A standardized way to document the link between the child's needs and the action plan identified in *Kidscreen* to the placement decisions for the child is needed.
- A standardized way to document who was at the staffing and who received a copy of the *Kidscreen* report is needed.
- Clarification of confidentiality issues regarding sharing the *Kidscreen* report with potentially confidential information about the parents with other parties is needed.

PART IV. NEXT STEPS

As the department moves from the initial implementation phase into a maintenance phase with *Kidscreen*, Children's Administration (CA) will address the following issues to maintain integrity in this program.

COMPLETING SCREENINGS WITHIN 30 DAYS

Initiating and completing screenings within 30 days continues to be a challenge. Social workers do not always know if a child will be continuing in care beyond 30 days until some time has gone by in the placement. Medical providers are not always able to provide Well-Child (EPSDT) examinations within 30 days, although results are improving. Responses to requests for information from schools are not often received within 30 days. CA and the Office of the Superintendent of Public Instruction (OSPI) are working to develop an information sharing agreement, which should improve completion of the education domain.

Additional staff have been assigned and trained to undertake *Kidscreens* in order to assist with reducing backlog and completing the screenings in a shorter time frame.

A comparison of screenings completed from the original date of placement (OPD) of September 15, 2001, to december 31, 2001 shows the mean (average) days to completion of a *Kidscreen* at 75 days. A comparison of screenings completed from the OPD of January 1, 2002, to the present shows the mean (average) days to completion of a *Kidscreen* has been reduced to 43 days. This indicates that as *Kidscreen* staff develop experience and proficiency in implementing the *Kidscreen* program, CA will be able to continue to improve compliance closer to the 30-day timeframe.

IMPROVING REPORTS AND DOCUMENTATION

Children's Administration will provide training in the fall to social work supervisors. This training will focus on:

- Writing of clear, concise reports and action plans;
- Utilizing *Kidscreen* reports in placement decisions;

- Supporting the child's placement; and
- How and when to include information from the screenings in each child's Individual Service and Safety Plan (ISSP) and Health and Education Passport.

This training will equip supervisors with the skills and information necessary to train social workers on these important aspects of the *Kidscreen* program.

The CA's Division of Program and Policy Development will issue practice guidance for staff to document attendance at staffings and recipients of the *Kidscreen* in the CAMIS service episode record (SER) for the child. The Division will also issue clarification of confidentiality issues regarding sharing the report with parties other than the parents and child.

Kidscreen specialists have received additional training on the gathering and documentation of Family/Social issues with a focus on the child's needs. Additional training will be provided in the fall for *Kidscreen* specialists and supervisors. This training will address issues related to improving the quality of staffing reports and action plans and linking action plans to placement decisions and support of the child's placement.

USING KIDSCREEN TO MATCH THE CHILD TO AN APPROPRIATE CAREGIVER AND ACHIEVING A TIMELY PERMANENT PLAN

Kidscreen is linked to a child's placement as the child is already in care when the screening begins. Because most of the children have plans for reunification with their parents, and many are reunified within relatively short periods of time after the *Kidscreen* assessment, CA staff use the information to help stabilize and support the current placement while working to effect reunification.

The Division of Program and Policy Development will be issuing practice guidance to social work staff so that the social workers can more clearly link the child's needs and the action plan to the placement decisions and to supporting the child's placement..

LINKING THE CHILD'S NEEDS TO SERVICES

Kidscreen will be identifying aggregate numbers of children requiring services at the local levels. Regional and local profiles of the needs of children in care will be developed using *Kidscreen* data. In order to improve the ability to link children with services to meet their identified needs, CA has applied for a State Innovation Grant through The Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. The purpose of the grant is to:

- Increase knowledge of existing local/regional resources for children and their referral procedures;
- Increase coordination of services for children at the local/regional level;
- Maximize the use of existing CA contracts to meet the needs of children identified through *Kidscreen*; and
- Identify and problem solve gaps in services to children

FUTURE ASSESSMENT

In early 2003, CA's Quality Improvement Section will conduct a follow-up statewide case review of *Kidscreen* cases to assess progress on implementation issues identified in the earlier reviews and discussed in this report. The results of that review will provide the department with additional information regarding further steps necessary to achieve the assessment goals for children placed in care.

APPENDIX A

The following tables present *Kidscreen* descriptive data on 916 children entered into the CAMIS *Kidscreen* Module through April 30, 2002.

I. Physical Domain:

Medical Exams N=916

Medical Exam	Total	Percentage
Children with Completed Well-Child/EDPST Exam	675	74%
Children without a Completed Well-Child/EDPST Exam	241	26%

Explanation for no Medical Exam N=241

Reasons for no Exam	Total	Percentage
Scheduled on Future Date	119	49%
Lack of Caregiver Follow Through	84	35%
Child too Ill and/or Hospitalized	19	8%
Problem with Medical Coupon Payment	11	5%
No Medical Provider Available	6	3%
Lack of Social Worker Follow Through	2	1%

Note: Percentages may not equal 100% due to rounding.

II. Educational Domain:

Educational Records *N=523

Educational Records	Total	Percentage
Educational Records Received	282	54%
No Educational Records Received	241	46%

** 393 children were not of school age*

Explanation for no Educational Records N=241

Reasons for no Records	Total	Percentage
Requested, not yet Received	169	70%
School Vacation	44	18%
School Aged Child, not in School	24	10%
Unable to Locate School	4	2%

Substance Abuse N=916

Substance Abuse by Child	Total	Percentage
No, to Substance Abuse	851	93%
Yes, to Substance Abuse	65	7%

III. Developmental Domain:

Denver (Used for children 0 to 4 months of age) N=145

Denver Assessment	Total	Percentage
Assessment Completed	141	97%
Assessment Not Completed	4	3%

Assessments not completed were due to medically compromised children or lack of caregiver cooperation.

Denver Assessments N=141

Developmental Area	Pass	Fail	Refusal	No Opportunity
Fine Motor	79% (N=112)	19% (N=27)	1% (N=2)	
Gross Motor	85% (N=120)	15% (N=21)		
Personal/Social	79% (N=122)	19% (N=18)		<1% (N=1)
Language	83% (N=117)	15% (N=21)	<1% (N=1)	1% (N=2)

Ages & Stages (Used for Children 4 to 60 months of age) N=295

ASQ Assessment	Total	Percentage
Assessment Completed	286	97%
Assessment Not Completed	9	3%

Assessments not completed were due to medically compromised children or lack of caregiver cooperation.

Ages & Stages Assessments N=286

Percentage of Children Whose ASQ Scores Fall Within Range of Recommended Further Review and Evaluation

Developmental Area	Total	Percentage
Communication	76	27%
Gross Motor	30	11%
Problem Solving	53	19%
Fine Motor	51	18%
Personal/Social	46	16%

IV. Family/Social Domain:

Identified as an Issue for the Caretaker(s)	Caretaker 1 (N=916)	Caretaker 2 *(N=459)
Parenting Skills/Expectations for Child	89% (N=814)	80% (N=370)
Recognition of Problem/Motivation to Change	81% (N=743)	78% (N=356)
Mental-Emotional, Intellectual or Physical Impairment	76% (N=692)	58% (N=256)
Substance Abuse	71% (N=653)	68% (N=311)
Level of Cooperation	64% (N=582)	64% (N=292)
Empathy/Nurturance Bonding	61% (N=559)	55% (N=254)
Protection of Child by Non-Abusive Caretaker	54% (N=494)	52% (N=240)
History of Violence of Caregivers (towards others)	49% (N=445)	55% (N=253)
History of CA/N as a Child	48% (N=438)	34% (N=157)

****50% of children had two caretakers***

Familial, Social and Economic Factors N=916

Identified as an Issue for the Family	Total	Percentage
Stress on Family	867	95%
Economic Resources of Family	752	82%
Social Support for Family	645	70%
Domestic Violence (between intimate partners)	503	55%

V. Emotional/Behavioral Domain:

CBCL (for 1.5-5 year olds) N=203

CBCL Assessments	Total	Percentage
Number of Assessments Completed	177	87%
Number of Assessments not Completed	26	13%
Caregiver/Child Unavailable or Uncooperative	26	13%

CBCL Scores (for 1.5-5 year olds)

Scores	Normal	Borderline	Clinical
Internal	74% (N=132)	10% (N=18)	16% (N=29)
External	74% (N=132)	10% (N=18)	16% (N=28)
Total	75% (N=133)	9% (N=16)	16% (N=29)

Types of Tests Utilized (for 1.5-5 year olds) N=177

Type of Assessment	Total	Percentage
CBCL 1.5-5	168	95%
C-TRF	9	5%

CBCL (for 6-18 year olds) N=458

CBCL Assessments	Total	Percentage
Number of Assessments Completed	446	97%
Number of Assessments not Completed	12	3%
Caregiver Unavailable or Uncooperative	12	3%

CBCL T Scores (for 6-18 year olds)

Scores	Normal	Borderline	Clinical
Internal	56% (N=248)	11% (N=49)	33% (N=149)
External	53% (N=238)	7% (N=33)	39% (N=175)
Total	49% (N=218)	10% (N=45)	41% (N=183)

Types of Tests Utilized (for 6-18 year olds) N=446

Type of Assessment	Total	Percentage
CBCL 4-18	363	81%
TRF	53	12%
YSR	30	7%

Following is demographic information on children entered in the CAMIS
Kidscreen Module through April 30, 2002.

Child Characteristics:

Gender N=916

Gender	Total	Percentage
Male	470	51%
Female	446	49%

Race/Ethnicity N=916

Race	Non-Hispanic	Hispanic	Undetermined or Question not Asked	Percentage & Total
Caucasian	79% (N=493)	10% (N=59)	11% (N=69)	68% (N=621)
African American	90% (N=93)	7% (N=7)	3% (N=3)	11% (N=103)
American Indian	76% (N=74)	11% (N=11)	13% (N=13)	11% (N=98)
Asian/Pacific Islander	63% (N=12)	16% (N=3)	21% (N=4)	2% (N=19)
Some Other Race	10% (N=5)	86% (N=43)	4% (N=2)	5% (N=50)
Race Question not Asked		11% (N=2)	89% (N=16)	2% (N=18)
Unable to Determine Race		29% (N=2)	71% (N=5)	1% (N=7)